



Annual Automatic Tank Gauge (ATG) Test Form For Underground Storage Tank Systems without Secondary Containment

For use in the State of New Hampshire
N. H. Code of Administrative Rules Env-Wm 1401.29(g)

The New Hampshire Department of Environmental Services (NHDES) has developed this form to help you document the required annual testing of the ATG equipment at this underground storage facility. Consult manufacturer's requirements on testing for specific guidelines.

Facility Name: _____ NHDES Facility ID#: _____

Facility Address: _____ City: _____ Zip: _____

A. Results of ATG Test

Complete the following checklist using: **Y=yes, N=no, N/A=not applicable**

If your answer is **No**, or **Fail** then describe on the reverse side of this form how and when these items will be corrected.

1. ATG manufacturer's name and model number:

| | | Tank #: | | | | | |
|-----|--|-----------------------|--|--|--|--|--|
| 2. | ATG programmed for the specific tank size. | | | | | | |
| 3. | ATG operates daily in leak detection mode. | | | | | | |
| 4. | ATG capable of detecting a minimum of 0.2 gallons per hour leak rate. | | | | | | |
| 5. | ATG programmed for manufacturers minimum capacity for accurate testing. | | | | | | |
| 6. | ATG program for proper duration of testing time. | | | | | | |
| 7. | ATG was visually inspected, manually tested, confirmed operational and reset. | | | | | | |
| 8. | The ATG console <u>audible</u> alarm is confirmed operational and reset. | | | | | | |
| 9. | The ATG console <u>visuals</u> (e.g. readout; alarm, warning, and power lights) are confirmed operational and reset. | | | | | | |
| 10. | The communication equipment (e.g. modem) is operational for release detection systems and will relay alarms to a remote station. | | | | | | |
| 11. | In summary, the ATG is confirmed to be in proper operation per manufactures' requirements. | Pass Fail | | | | | |

B. Verification

I hereby verify that the automatic tank gauging system was tested to conform with Env-Wm 1401.29(f) and the equipment identified in this report is operating according to the originally designed function. Attached to this form is information (if available, system set-up reports) necessary to verify that this information is correct.

Technician Name (print): _____ Testing Company Name: _____

Testing Co. Address / State / Zip: _____

Tester's Signature: _____ Phone No.: (____) _____ Test Date: _____

C. General Instructions

- Keep a completed copy of this form for owner/operator records.
- The owner/operator must submit a copy of this ATG test results to NHDES within 30 days of the test.

Mailing Address:

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